



### City of Dawsonville

P.O. Box 6, 415 Highway 53 East Suite 100  
Dawsonville, Georgia 30534  
Phone: (706)265-3256  
Email: [clerk@dawsonville-ga.gov](mailto:clerk@dawsonville-ga.gov)  
Website: [www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

## Employee Pouring License Background Check Consent Form

(Also for Employees of a Package Liquor Store)

- To obtain a Criminal History Background Check you must call the Dawson County Marshal's Department at 189 HWY 53 West, Suite 203A (706)344-3232 x 60086. Appointments are on Wednesday from 8:30 a.m. to 3:30 p.m. Call (706) 344-3501 x 233 to schedule an appointment.
- An investigative fee of \$20.00 money order or certified check (payable to Dawson County) is required. (Exxon Food Mart (236 Hwy 53 W) on the right across from K.H. Long Government Center & Marshal's Office sells money orders)
- Note: All applicants for an Employee Permit must present a government issued identification card (photo ID) at the time of application (No fingerprinting required)

## BACKGROUND CHECK CONSENT FORM

I hereby request the Dawson County Marshal's Office to receive any Criminal History Record information that may pertain to myself (or the person named below), and may be found in any Federal, State, or Local criminal justice agency in Georgia.

Records obtained from the Dawson County Marshal's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, that action shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. City of Dawsonville shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED. This request is in accordance to State law as it applies to:

Agency Requesting History: City of Dawsonville 706/265-3256

(PRINT) Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ SS #: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # w/ area code: (\_\_\_\_) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (signed in front of the notary)

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_